## SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM 10/576723 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS AFTER AFTER** AFTER AFTER **AS FILED** AS FILED I" AMENDMENT 2 - AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. IND. <u>35</u> <u> 36</u> TOTAL IND TOTAL IND. Œ.

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TOTAL CLAIMS

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